

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47126

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 6285 Registrar's No. 56

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|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Wright | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Grove Township | | c. CITY OR TOWN Mtn.Grove-R.F.D.#2 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mtn.Grove R.F.D.#2 | | d. STREET ADDRESS (If outside, give location) R.F.D.#2 | |
| 3. NAME OF DECEASED (Type or print) First Helena Middle Olson Last Berry | | 4. DATE OF DEATH Month December Day 13 Year 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 16, 1871 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (City and state or country) Unknown |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 4201 | |
| 17. INFORMANT William R. Berry | | Address Mountain Grove, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) CARDIO-RENAL-VASCULAR DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 20 min |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 12:01 A.M. Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Mtn. Grove, Mo | |
| 20g. STATE Missouri | | 20h. COUNTY Wright | |
| 21. I attended the deceased from Nov 29, 1957 to Dec. 13, 1957 and last saw him alive on Dec 12 - 1957 Death occurred at 12:01 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Richard E. Mithen D.O. | | 22b. ADDRESS Mtn. Grove, Mo | |
| 22c. DATE SIGNED 12-14-57 | | 22d. (Degree or title) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/15/1957 | 23c. NAME OF CEMETERY OR CREMATORY Swedish Cemetery | 23d. LOCATION (City, town, or county) (State) Mtn. Grove, Missouri |
| 24. FUNERAL DIRECTOR Barber Funeral Home | | 25. DATE RECD. BY LOCAL REG. 12-20-57 | |
| 26. REGISTRAR'S SIGNATURE A.B. Ames | | 26. REGISTRAR'S SIGNATURE | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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MINN. CO. HEALTH DEPT.
County File Number 1257-181
Date Filed 12-30-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
-Signature of Student Embalmer

Signed George Stauffer

Licensed Embalmer No. 3161

P. O. Address Mr. George Stauffer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.